



Division of Police

*Bruce E. Brooks
Chief of Police*

*Michael J. Boals
Deputy Chief*

Instruction for filing out Employment Application for Pataskala Police Department

1. Fill out application completely
2. Return to Pataskala Police Department in person
430 S. Main Street
Pataskala, Ohio 43062
During Normal Business Hours Monday thru Friday 8:00 AM to 5:00 PM

If you have any questions please call during normal business hours.

Application for Employment



Please Print

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Name _____ Social Security # _____
Last First Middle
Address _____
Street City State Zip Code
Telephone # () _____ Mobile/Beeper/Other Phone # () _____ E-mail Address _____
Position(s) applied for _____ Date of application ____/____/____

Referral Source (Please check the appropriate category and name the source.)

- | | |
|--|---|
| <input type="checkbox"/> Walk-in _____ | <input type="checkbox"/> School _____ |
| <input type="checkbox"/> Employee _____ | <input type="checkbox"/> Job Fair _____ |
| <input type="checkbox"/> Advertisement _____ | <input type="checkbox"/> Staffing Agency _____ |
| <input type="checkbox"/> Company's Website _____ | <input type="checkbox"/> Government Employment Agency _____ |
| <input type="checkbox"/> Other Internet _____ | <input type="checkbox"/> Other _____ |

If necessary, best time to call you at home is _____ : _____
AM
PM

May we contact you at work? Yes No

If **yes**, work number and best time to call:
() _____ : _____
AM
PM

If you are under 18 and it is required,
can you furnish a work permit? Yes No

If **no**, please explain _____

Have you submitted an application here before? Yes No

If **yes**, give date(s) and position(s) _____

Have you ever been employed here before? Yes No

If **yes**, give dates From ____/____/____ To ____/____/____

Are you legally eligible for employment
in this country? Yes No

Date available for work _____/_____/_____

What is your desired salary range or hourly rate of pay?

\$ _____ Per _____

Type of employment desired: Full-Time Part-Time
 Educational Co-Op Seasonal Temporary

Will you relocate if job requires it? Yes No

Will you travel if job requires it? Yes No

If they have been explained to you,
are you able to meet the attendance
requirements of the position? N/A Yes No

Will you work overtime if required? Yes No

If **no**, please explain _____

Are you able to perform the essential functions of the job for which
you are applying (with or without reasonable accommodation)?

This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.

Yes

No

Need more information about the job's "essential functions" to respond

Driver's license number required if driving may be required in the
job for which you are applying:

_____ State _____

Have you ever been bonded? Yes No

Answering "yes" to the following question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Have you ever pled "guilty" or "no contest" to,
or been convicted of a crime? Yes No

If **yes**, please provide date(s) and details _____

Employment History

Starting with your most recent employer, provide the following information.

Employer	Telephone # ()	Dates employed: / / to / /
Street address	City State	Compensation (Starting)
Starting job title/final job title		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per
Immediate supervisor and title (for most recent position held)	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	Commission/Bonus/Other Compensation \$
Why did you leave?		Compensation (Final)
		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per
		Commission/Bonus/Other Compensation \$

Summarize the type of work performed and job responsibilities.

What did you like most about your position?

What were the things you liked least about the position?

Employer	Telephone # ()	Dates employed: / / to / /
Street address	City State	Compensation (Starting)
Starting job title/final job title		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per
Immediate supervisor and title (for most recent position held)	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	Commission/Bonus/Other Compensation \$
Why did you leave?		Compensation (Final)
		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per
		Commission/Bonus/Other Compensation \$

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Immediate supervisor and title (for most recent position held)	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	Commission/Bonus/Other Compensation \$
Why did you leave?		Compensation (Final)
		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per
		Commission/Bonus/Other Compensation \$

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Street address	City State	Compensation (Starting)
Starting job title/final job title		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per
Immediate supervisor and title (for most recent position held)	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	Commission/Bonus/Other Compensation \$
Why did you leave?		Compensation (Final)
		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per
		Commission/Bonus/Other Compensation \$

Summarize the type of work performed and job responsibilities.

What did you like most about your position?

What were the things you liked least about the position?

Employment History (continued)

Explain any gaps in your employment, other than those due to personal illness, injury or disability. _____

If not addressed on previous page, have you ever been fired or asked to resign from a job? Yes No

If **yes**, please explain _____

Skills and Qualifications

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying.

Computer Skills (Check appropriate boxes. Include software titles and years of experience.)

Word Processing _____ Years: _____ Internet _____ Years: _____
 Spreadsheet _____ Years: _____ Other _____ Years: _____
 Presentation _____ Years: _____ Other _____ Years: _____
 E-mail _____ Years: _____ Other _____ Years: _____

Educational Background

Starting with your most recent school attended, provide the following information.

School (include City & State)	Years Completed	Completed	GPA Class Rank	Major/Minor
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		

References

List name and telephone number of three business/work references who are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references who are *not* related to you.

Name	Title	Relationship to You	Telephone	Number of Years Known
			()	
			()	
			()	

Related Information

To what job-related organizations (professional, trade, etc.) do you belong?

Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any other similarly protected status.

Organization	Offices Held

List special accomplishments, publications, awards, etc.

Exclude information that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any other similarly protected status.

In your current or a prior job, have you ever written instructions or directions to be followed by employees or customers?

Yes No Not Applicable

If yes, please explain:

Is there any other job-related information you want us to know about you?

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resumé or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____

Date ____/____/____

Affirmative Action Voluntary Information

Completion of information below is voluntary.

City Of Pataskala
Division of Police
430 South Main Street
Pataskala, OH 43062

We consider all applicants for positions without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/national guard or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

To be completed by applicant on a voluntary basis. Not for interview purposes. To be filed separately from application.

In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations which may apply, we invite you to complete this applicant data survey. Providing this information is **STRICTLY VOLUNTARY**. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Please be advised that this survey is *not* a part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations.

Please Print

Position(s) applied for _____ Date ____/____/____

Referral Source

- | | | |
|---|---|--|
| <input type="checkbox"/> Walk-in | <input type="checkbox"/> Government Employment Agency | <input type="checkbox"/> Private Employment Agency |
| <input type="checkbox"/> Employee | <input type="checkbox"/> Relative | <input type="checkbox"/> School |
| <input type="checkbox"/> Advertisement – Source _____ | | <input type="checkbox"/> Other _____ |

Name of person who referred you IF APPLICABLE _____

Applicant Information

Name _____ Telephone # (____) _____
Last First Middle

Address _____
Street City State Zip Code

Male Female

Please check one of the following Equal Employment Opportunity Identification Groups:

- | | | | |
|---|--|--------------------------------|---|
| <input type="checkbox"/> American Indian / Alaskan Native | <input type="checkbox"/> Hispanic / Latino (White race only) | <input type="checkbox"/> White | <input type="checkbox"/> Black / African American |
| <input type="checkbox"/> Native Hawaiian / Other Pacific Islander | <input type="checkbox"/> Hispanic / Latino (all other races) | <input type="checkbox"/> Asian | |

For Administrative Use Only

Position(s) applied for Available Not Available Other

Other positions considered for _____

Hired Yes No

Position hired for _____ Date of hire ____/____/____

From the EEO job classifications listed below, which one best describes the position filled?

- | | | |
|---|--|--|
| <input type="checkbox"/> Officials and Managers | <input type="checkbox"/> Sales Workers | <input type="checkbox"/> Operatives (semi-skilled) |
| <input type="checkbox"/> Professionals | <input type="checkbox"/> Office and Clerical Workers | <input type="checkbox"/> Laborers (unskilled) |
| <input type="checkbox"/> Technicians | <input type="checkbox"/> Craft Workers (skilled) | <input type="checkbox"/> Service Workers |

Notes _____

Completed by _____ Date ____/____/____



Division of Police

Bruce E. Brooks
Chief of Police

Michael Boals
Deputy Chief

PERSONAL HISTORY QUESTIONNAIRE

PERSONAL HISTORY OF : _____
(LAST NAME) (FIRST) (MIDDLE)

POSITION APPLIED FOR: POLICE OFFICER
 OTHER—SPECIFY _____

DATE OF WRITTEN EXAMINATION: ____/____/____
(M/D/YEAR)

DATE THIS QUESTIONNAIRE COMPLETE ____/____/____
(M/D/YEAR)

Instructions

This personal history questionnaire is intended for the user of the Pataskala Division of Police. You must be truthful and complete all answers requested on this form. All information contained herein will be subject to verification, i.e. source documentation, truth verification and screening procedures. Information contained herein will be considered to be strictly confidential and will not be disclosed to any unauthorized person(s).

The answers to questions contained in this questionnaire must be printed in your own hand, legibly in **black ink** only. Each individual question must be answered, there can be no blanks. If a question does not apply to your particular circumstance, insert "DNA" in that blank. When answering questions that require dates, insert the full date, partial month – year responses are unacceptable. You must provide complete address information when requested. Partial address responses are unacceptable.

WARNING

Applicants are cautioned to answer every question truthfully and without evasion. Both the Ohio Revised Code and Rules and Regulations of the Pataskala Revised Criminal Code provide penalties for making a false statement of a material fact, or for practicing any fraud or deception in obtaining or attempting to obtain municipal employment. Such penalties include rejection for appointment or discharge after appointment and/or prosecution under Ohio Revised Code Section 2921.13.

PERSONAL & MARITAL RECRD – SECTION 1

Legal Name: Last		First		Full Middle Name	
By What Other Name Have You Been Known? (Maiden Name, Former Married Name, Alias, Nicknames)				Residence Telephone (Area Code)	
Residence Address (Number Street, Apt., City, County, State, and Zip Code)				Social Security Number	
Date of Birth	Age	Height	Weight	Color Hair	Color Eyes
Place of Birth City		County	State/Province	Country	Birth Certificate No.
Ohio Driver's License No.	Type	Out of State Operator's License No.	Type: State or Territory	Expiration Date	
Present Marital Status		City, County, State Present Marriage Performed		Date Present Marriage Performed	
Name of Present Spouse (First & Middle)		Maiden Name (If Applicable)		Spouse's Social Security Number	
Age	Height	Weight	D.O.B.	Birth Place of Spouse	Name and Address of Spouses Employer
Father (Natural)	(Last, First, Middle) & Date of Birth		Address (Number, Street, City, Sate, Zip Code) If Deceased- Date of Death		Age
Mother (Natural) (Maiden Names First Former Married Name)	(Last, First, Middle) & Date of Birth		Address (Number, Street, City, Sate, Zip Code) If Deceased- Date of Death		Age
List any scars, birthmarks, blemishes, tattoos, etc., that you have					
List your children:					
<input type="checkbox"/> Son <input type="checkbox"/> Daughter	Name (Last, First, Middle)	Birth Date	Birth Place (City and State)		
Address (If different than yours)		Relationship to you <input type="checkbox"/> Natural <input type="checkbox"/> Step <input type="checkbox"/> Foster		Relationship To Your Spouse <input type="checkbox"/> Natural <input type="checkbox"/> Step <input type="checkbox"/> Foster	
<input type="checkbox"/> Son <input type="checkbox"/> Daughter	Name (Last, First, Middle)	Birth Date	Birth Place (city and State)		
Address (If different than yours)		Relationship to you <input type="checkbox"/> Natural <input type="checkbox"/> Step <input type="checkbox"/> Foster		Relationship To Your Spouse <input type="checkbox"/> Natural <input type="checkbox"/> Step <input type="checkbox"/> Foster	
<input type="checkbox"/> Son <input type="checkbox"/> Daughter	Name (Last, First, Middle)	Birth Date	Birth Place (City and State)		
Address (If different than yours)		Relationship to you <input type="checkbox"/> Natural <input type="checkbox"/> Step <input type="checkbox"/> Foster		Relationship To Your Spouse <input type="checkbox"/> Natural <input type="checkbox"/> Step <input type="checkbox"/>	
<input type="checkbox"/> Son <input type="checkbox"/> Daughter	Name (Last, First, Middle)	Birth Date	Birth Place (city and State)		
Address (If different than yours)		Relationship to you <input type="checkbox"/> Natural <input type="checkbox"/> Step <input type="checkbox"/> Foster		Relationship To Your Spouse <input type="checkbox"/> Natural <input type="checkbox"/> Step <input type="checkbox"/>	

FINANCIAL RECORD – SECTION 3

1. Are you now delinquent in any financial obligations? Yes NO
(If yes, explain on last page)
2. Does your monthly bills exceed your take home pay? Yes NO

3. INDEBTEDNESS: Involving you, your spouse, or your ex-spouse for which you are liable.					
To Whom Owed	Address	Date Incurred	Orig. Amount	Amt Due	Mo. Payment
4.					
5.					
6.					
7.					
8.					
9.					
10. Name of Location of your Bank(s) <div style="float: right; margin-top: 5px;"> <input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account </div>					
11. Year, Make, Body Type & License Number of your present vehicle			Date of Purchase	Name of Legal Owner	
12.					
When answering the questions below: If there are any "yes" blocks checked, explain fully on the continuation sheet, citing the reference and page numbers, be complete on all explanations requested					
13. <input type="checkbox"/> Yes <input type="checkbox"/> NO Do you, your spouse or ex-spouse have any immediate civil action pending against you?					
14. <input type="checkbox"/> Yes <input type="checkbox"/> NO If employed by the police department, do you anticipate any income other than your police salary?					
15. <input type="checkbox"/> YES <input type="checkbox"/> NO Have you ever been refused a life, automobile, health or insurance policy?					
16. <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever been garnished, filed for bankruptcy, or been declared bankrupt?					

WORK HISTORY – SECTION 4

Have you ever applied for a position with any law enforcement or other government agency <input type="checkbox"/> YES <input type="checkbox"/> NO			
Name of Department or Agency	Date Applied	Accepted	If no, give reason for rejection or declining appointment
1.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
2.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
3.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
4.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
5.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
6.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
7.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
8.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
9.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
EMPLOYMENT			
<p>Begin with your most recent job and list your complete work history in chronological order. Include in sequence all part time jobs, periods of unemployment and military service. When listing military service, substitute the name and address of an immediate supervisor with the name, address, and rank of the last commissioned officer who was your immediate commissioned superior. Substitute the name and address of a co-worker with the name and address of a non-commissioned officer with who you served.</p> <p>When listing periods of unemployment, indicate in the spaces provided. In the block "name of employer" write "unemployed". In the block "reason for leaving" indicate what source of income you received during that period of unemployment. Address information must be complete (street, apt, or suite, city, state and zip code).</p>			
<p>May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> NO If no, explain on last page.</p> <p>If presently unemployed, indicate so in first block.</p>			
<p>Have you ever been discharged or asked to resign from a job? <input type="checkbox"/> Yes <input type="checkbox"/> NO</p>			

WORK HISTORY – SECTION 4 (continued)

From Date	Name of Employer	Job Title	List Hrs. worked per week and days off
To Date	Address of Employer	Name of immediate Supervisor	Address of Immediate Supervisor
Total Time Exp.	Tel. of Business	Name of Co-Worker	Address of Co-Worker
Salary		Tel. of Co-Worker	
Description of Duties		Reason for Leaving	
From Date	Name of Employer	Job Title	List Hrs. worked per week and days off
To Date	Address of Employer	Name of immediate Supervisor	Address of Immediate Supervisor
Total Time Exp.	Tel. of Business	Name of Co-Worker	Address of Co-Worker
Salary		Tel. of Co-Worker	
Description of Duties		Reason for Leaving	

WORK HISTORY – SECTION 4 (continued)

From Date	Name of Employer	Job Title	List Hrs. worked per week and days off
To Date	Address of Employer	Name of immediate Supervisor	Address of Immediate Supervisor
Total Time Exp.	Tel. of Business	Name of Co-Worker	Address of Co-Worker
Salary		Tel. of Co-Worker	
Description of Duties		Reason for Leaving	
From Date	Name of Employer	Job Title	List Hrs. worked per week and days off
To Date	Address of Employer	Name of immediate Supervisor	Address of Immediate Supervisor
Total Time Exp.	Tel. of Business	Name of Co-Worker	Address of Co-Worker
Salary		Tel. of Co-Worker	
Description of Duties		Reason for Leaving	

WORK HISTORY – SECTION 4 (continued)

From Date	Name of Employer	Job Title	List Hrs. worked per week and days off
To Date	Address of Employer	Name of immediate Supervisor	Address of Immediate Supervisor
Total Time Exp.	Tel. of Business	Name of Co-Worker	Address of Co-Worker
Salary		Tel. of Co-Worker	
Description of Duties		Reason for Leaving	
From Date	Name of Employer	Job Title	List Hrs. worked per week and days off
To Date	Address of Employer	Name of immediate Supervisor	Address of Immediate Supervisor
Total Time Exp.	Tel. of Business	Name of Co-Worker	Address of Co-Worker
Salary		Tel. of Co-Worker	
Description of Duties		Reason for Leaving	

WORK HISTORY – SECTION 4 (continued)

From Date	Name of Employer	Job Title	List Hrs. worked per week and days off
To Date	Address of Employer	Name of immediate Supervisor	Address of Immediate Supervisor
Total Time Exp.	Tel. of Business	Name of Co-Worker	Address of Co-Worker
Salary		Tel. of Co-Worker	
Description of Duties		Reason for Leaving	
From Date	Name of Employer	Job Title	List Hrs. worked per week and days off
To Date	Address of Employer	Name of immediate Supervisor	Address of Immediate Supervisor
Total Time Exp.	Tel. of Business	Name of Co-Worker	Address of Co-Worker
Salary		Tel. of Co-Worker	
Description of Duties		Reason for Leaving	

WORK HISTORY – SECTION 4 (continued)

From Date	Name of Employer	Job Title	List Hrs. worked per week and days off
To Date	Address of Employer	Name of immediate Supervisor	Address of Immediate Supervisor
Total Time Exp.	Tel. of Business	Name of Co-Worker	Address of Co-Worker
Salary		Tel. of Co-Worker	
Description of Duties		Reason for Leaving	
From Date	Name of Employer	Job Title	List Hrs. worked per week and days off
To Date	Address of Employer	Name of immediate Supervisor	Address of Immediate Supervisor
Total Time Exp.	Tel. of Business	Name of Co-Worker	Address of Co-Worker
Salary		Tel. of Co-Worker	
Description of Duties		Reason for Leaving	

WORK HISTORY – SECTION 4 (continued)

From Date	Name of Employer	Job Title	List Hrs. worked per week and days off
To Date	Address of Employer	Name of immediate Supervisor	Address of Immediate Supervisor
Total Time Exp.	Tel. of Business	Name of Co-Worker	Address of Co-Worker
Salary		Tel. of Co-Worker	
Description of Duties		Reason for Leaving	
From Date	Name of Employer	Job Title	List Hrs. worked per week and days off
To Date	Address of Employer	Name of immediate Supervisor	Address of Immediate Supervisor
Total Time Exp.	Tel. of Business	Name of Co-Worker	Address of Co-Worker
Salary		Tel. of Co-Worker	
Description of Duties		Reason for Leaving	

MILITARY AND EDUCATIONAL RECORD – SECTION 5

Military						
Present Draft Board Address (Street, City, State, Zip Code)				Draft Board No.		Present D B Class
Branch of Service		Unit		Military Serial No		
Military Active Duty Dates (Do not include short reserve tours of 90 days or less)		Highest Military Rank or Rate Held		Type of Separation		
Total Months of Combat Duty		Total Months of Overseas Duty		Military Reserve Status <input type="checkbox"/> Ready <input type="checkbox"/> Standby <input type="checkbox"/> None		
Have you ever asked for or received deferment from military service? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give board number, dates, and full details on last page of application.						
Have you ever received a court martial, tried on charges, or subject of a summary court martial, captain's mast, article 15, company punishment, or any other disciplinary action while in the armed services? <input type="checkbox"/> Yes <input type="checkbox"/> NO If yes, explain on the last page of this application.						
Have you ever received a government disability pension? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain on the last page of this application.						
						Vets Claim "C" No. _____
Educational						
Have you ever taken a General Education Development (G.E.D.) Test? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Circle Highest Grade Completed 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 other						
List each grammar, junior high, senior high, trade, part time, night, business college, and universities that you have attended. Start with the most recent school attended.						
Name of School	Location of School (City & State)	Attendance dates		Graduate?		Degree Or Semester Credit Hours
		From	To	Yes	NO	

GENERAL INFORMATION INQUIRY – SECTION 6

NOTICE

The following questions and answers will be verified through the use of truth verification (Lie Detector Test).

If the answer to any of the questions is “yes” - it will necessary for you to explain, in detail, on the continuation sheet provided, full and comprehensive explanations.

1. If it became necessary in the course of your police duties to take a human life, would you have any reluctance to do so because of religious or other beliefs? Police Officer Applicants only need to answer question.	Yes	No
2. Have you ever committed a felony for which you were never arrested or convicted?	Yes	No
3. Have you ever been placed on or served in a criminal diversion type program that led to the eventual dismissal of any criminal charges?	Yes	No
4. Have you ever been convicted of a felony?	Yes	No
5. Have you ever been convicted of a misdemeanor that had been reduced from original felony charges?	Yes	No
6. Have you ever been convicted of any criminal offense? I.E. theft offenses, assault and battery, wrongful influence of a minor, disorderly conduct, gambling, drug offense, sex offense, offenses involving immoral or indecent conduct, fraud, trespassing, conversion of trust, offense involving military justice, or any other criminal offense?	Yes	No
7. Have you ever been convicted of any traffic offense? I.E. operating a motor vehicle while under the influence of alcohol or drugs, reckless operation, hit skip, vehicular homicide, speeding, drag racing, willfully fleeing or eluding police, operating an unsafe vehicle, driving without a license, passing a school bus while receiving or discharging passengers, or any other traffic offense, excluding parking and equipment violations?	Yes	No
8. As an adult, have you ever stolen anything?	Yes	No
9. Have you ever bought or sold property that you knew was stolen?	Yes	No
10. Has your driver's license ever been suspended or revoked?	Yes	No
11. Have you ever been committed to any penal institution as a result of either a felony or misdemeanor conviction?	Yes	No
12. Are you presently under indictment or a defendant in any pending criminal, traffic, or civil actions?	Yes	No
13. Have you ever used any hallucinogens such as marijuana, hashish, P.C.P., T.H.C., peyote, P.C.E., T.C.P., angel dust, or any of their derivatives etc.? (If yes, aged first used, age last used, total number of usages)	Yes	No
14. Have you ever used any narcotics such as opium, morphine, codeine, meperidine, methadone, or any of their derivatives such as Darvon, lomotil, etc.? (If yes, age of first usage, age of last usage, total number of usages and types)	Yes	No
15. Have you ever used cocaine, heroin, or L.S.D.? (If yes, age of first usage, age of last usage, and total number of uses)	Yes	No
16. Have you ever used any prescription drugs such as barbiturates, amphetamines, valium, Librium, spools, upper/downers etc., without the benefit of a prescription? (If yes, age of first usage, age of last usage, total number of usages and type).	Yes	No
17. Have you ever used any prescribed medications for purposes other than that for which they were originally prescribed or intended? (If yes, type and use)	Yes	No
18. Have you ever used what are described as designer drugs, i.e., substances that are chemically altered in makeup but which give the same effect as illicit drugs, etc.? (If yes, type etc.?)	Yes	No
19. Have you ever sold, been party to the sale, or in any other way been financially rewarded due to the sale of any controlled substances or prescription drugs or any other substance purported to be a controlled substance?	Yes	No
20. Have you ever been involved in glue sniffing or used any other such chemical agent for the purpose of obtaining a state of intoxication?	Yes	No
21. Are you addicted to or use alcohol excessively or suffer from any alcohol related problems, or received any related treatments	Yes	No

GENERAL INFORMATION INQUIRY – SECTION 6 (continued)

22. Have you ever filed for, or received, compensation for any industrial claim?	Yes	No
23. Have you ever applied for and received unemployment compensation, the amount of which you were not eligible to receive?	Yes	No
24. Are you now, or have you ever, received any type of governmental support such as welfare, ADC, housing subsidy payments, medical or educational loans, or grants that you were not eligible for, received in a fraudulent manner or after receiving became ineligible for but continued receiving?	Yes	No
25. Do you have hatred or prejudices toward others because of their race, sex, national origin, religion or color that would be detrimental to your functions as a police officer?	Yes	No
26. Do you have any problems because of gambling?	Yes	No
27. Do you have any problems controlling your temper?	Yes	No
28. Have you ever been involved in a motor vehicle accident?	Yes	No
29. Have you ever engaged in any grossly unnatural sex acts?	Yes	No
30. Have you ever engaged in illegal sexual activities?	Yes	No
31. Have you ever traveled outside the United States? (If yes, what countries?)	Yes	No
32. Is there anything in your medical or psychological history, that you are aware of, that could disqualify you from this position?	Yes	No
33. Have you ever received any psychological evaluations, treatments or examinations?	Yes	No
34. Have you ever been a patient in any state or private mental institution?	Yes	No
35. Do you wear prescription lenses (eyeglasses) for any vision defect?	Yes	No
36. Do you wear hard or soft contact lenses?	Yes	No
37. Have you ever undergone any type of eye surgery?	Yes	No
38. Do you know what your vision standard is at present? If so, what is it?	Yes	No

HAND OUT

REASONS WHICH WOULD TEND TO DISQUALIFY A PROSPECTIVE APPLICANT

1. Narcotics or drug usage. Having a past history of illegally using, selling or distributing hard narcotics, i.e., morphine, codeine, heroin, cocaine, dilaudid and Demerol, or the use of hallucinogens, i.e., barbiturates, amphetamines, or any prescription drug. Drug abuse would be the prescription drug for a purpose other than for which it is intended or the prolonged use of drugs without prescription, or sniffing glue, paint thinner, or other chemical agents for the purpose of obtaining a state of intoxication.
2. Immoral or disorderly conduct. Conduct or court convictions in, but not limited to, the following areas:
 - A. Promoting, procuring, compelling, soliciting, or engaging in prostitution
 - B. Corrupting minors
 - C. Sexual imposition (molesting)
 - D. Sexual importuning
 - E. Voyeurism (peeping tom)
 - F. Public indecency
 - G. Pandering obscenity or disseminating matter harmful to juveniles
 - H. Convicted of a crime involving disorderly conduct, i.e., fighting, public intoxication, etc.
 - I. Convicted of three or more misdemeanors of any nature
 - J. Incest
3. Felony convictions. Any conviction for a crime, the penalty for which could result in a term of one year or more in a penal institution.
4. Excessive traffic violations. Having more than two moving violations within the past year or having been under suspension through the violation point system in the past five years.
5. Petit theft. Having a conviction record of more than one theft not amounting to a felony, or evidence found of thefts which show a pattern over a period of time.
6. Falsification. Any deliberate falsehood or attempt to conceal information pertaining to the qualifications for employment.
7. Poor military record. Having received a less than honorable discharge from the military service.
8. Abuse of political influence. Has used or threatened to use political influence in securing employment with the Pataskala Division of Police.
9. Poor employment records. A past employment record showing excessive absenteeism, poor quality of production, excessive tardiness, inability to get along with fellow employees or inability to follow orders.

Financial problems. A history of garnishments, bankruptcy, or showing a lack of honesty, integrity and maturity in taking care of financial obligation.

HAND OUT (continued)

REASONS WHICH WOULD TEND TO DISQUALIFY A PROSPECTIVE APPLICANT

11. Mental disorders. Having a mental disorder evidenced by having been a patient in a mental institution, or received treatment as an outpatient for mental disorders, or having had treatment by a private psychiatrist and failure to obtain treatment and for proper care to treat control and/ or otherwise effectively deal with such problem.
12. Failure to support one's family. Failure to provide proper support for any member of the immediate family for which one is legally responsible or failure to carry out the mandate of any court of domestic relations with reference to child support or support of spouse or ex-spouse.
13. Compensation fraud. Using deception or dishonesty to obtain benefits such as, but not limited to Welfare, ADC, Medicaid, Unemployment Compensation, or Worker's Compensation.
14. Failure to appear for any phase of the selection process.



Division of Police

Bruce E. Brooks
Chief of Police

Michael Boals
Deputy Chief

CONSENT TO RELEASE INFORMATION AND RELEASE FROM LIABILITY

I am an applicant for a position with the city of Pataskala Division of Police. The Division needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied. I have authorized the Division to gather all available information regarding my employment background, personal history and other information which may be a confidential or privileged nature.

I, the undersigned, authorize you to furnish the City of Pataskala Division of Police any and all information that you have concerning me, including without limitation my work record, my background and reputation, my criminal history: including any arrest records and any information contained in investigatory files, my medical records, my psychological testing and analysis plus recommendations, my military service records, my education background and records, my financial status, and such other information and records as you may have in your possession relating to me. Information of a confidential or privileged nature may be included in the materials you provide the City of Pataskala Division of Police. I further specifically consent to the State of Ohio Department of Revenue's release of any (1) tax returns, as defined by RCW, filed by, on behalf of, or with respect to me, and (2) any tax information, as defined by RCW, that pertains to me. I request your cooperation in supplying this information to the City of Pataskala Division of Police in response to a request from that department.

I hereby agree to release you and those who supplied you with the above information, your company or organization, and the City of Pataskala, its employees, and the City of Pataskala Division of Police from any liability for any damage which may result from furnishing the requested information.

I understand my rights under Title 5, United States Code Section 552a, the Privacy Act of 1974, with regard to disclosure of records, and I waive those rights with understanding that information furnished will be used by the City of Pataskala Division of Police in conjunction with employment procedures. I will make no attempt to gain access to the information provided by you to the City of Pataskala Division of Police.

Applicant's Signature

Applicant's Printed Name and Date

Subscribed and sworn to before me on the _____ day of _____, 2_____

Notary Public

Residing At

Note: a photocopy reproduction of this request shall be for all intents and purposes as valid as the original. You may retain a copy of this form in your files



Division of Police

Bruce E. Brooks
Chief of Police

Michael Boals
Deputy Chief

Pataskala Police Department Physical Fitness Test Physician's Waiver

I Dr. _____ have been provided a copy of the Pataskala Physical Fitness Test and have read all parts contained therein. It is my professional opinion that after examining,

_____ that this applicant is physically able to perform the tests described therein without risk of harm to themselves.

Applicant's Signature

Physician's Signature

Witness



Division of Police

Bruce E. Brooks
Chief of Police

Michael Boals
Deputy Chief

Pataskala Police Department Physical Fitness Test Applicant's Waiver

I, _____ understand and accept the fact that the Physical Fitness Test described is a part of the application process and that passage of the test does not automatically give me a position with the Pataskala Division of Police and that failure of any of the stages will eliminate me from the process.

I further understand and accept the fact that the City of Pataskala Division of Police, and all employees thereof are not held liable for any injuries sustained from the test, denial or elimination from the hiring process.

I have been given a written copy of the Physical Fitness Test, and I am physically able to complete the test.

Applicant's Signature

Notary

Applicant's Name

Signed before me this _____ day of



Division of Public Safety

Bruce E. Brooks
Chief of Police

Michael Boals
Deputy Chief

NEW APPLICANT CHECKLIST

Name: _____

Address: _____

Phone: _____ Cell: _____ Other: _____

INITIAL INTERVIEW:

Background packet delivered:	____/____/____	
Background packet returned:	____/____/____	
Photo taken:	____/____/____	
Fingerprints taken:	____/____/____	
Fingerprints sent to BCI:	____/____/____	Results: _____
Magloclen	____/____/____	
References Mailed:	____/____/____	

REQUIRED DOCUMENTS:

DATE RECEIVED

Birth Certificate	____/____/____
High School Diploma	____/____/____
DD214 (military service)	____/____/____
Ohio Peace Officer Training Certificate	____/____/____
Education Transcripts (post high school)	____/____/____
Additional pertinent information	____/____/____

CVSA Exam Date: ____/____/____	_____ hrs	DI	NDI
Physical Agility: ____/____/____	_____ hrs	PASS	FAIL
Oral Interview: ____/____/____			

COMMENTS: _____

Background Investigator: _____ Badge#: _____

Background complete: ____/____/____

Physiological Exam Date: ____/____/____

Retirement Board Physical: ____/____/____ Conditional Offer: YES NO

PATASKALA DIVISION OF POLICE

Selection Standards For POLICE OFFICER

A candidate for Police Officer for the Division of Police must meet the basic standard to qualify for the position.

Step 1: Basic Requirements

- Twenty-One (21) years of age at time of appointment
- High School Diploma
- Valid Ohio Driver's License at time of appointment
- Ohio Peace Officers Basic Training Program Certificate
- A United States Citizen
- Demonstrated honesty and integrity
- Demonstrated ability to read, write, and speak effectively in the English language

Step 2: Application Process

- Submit a completed, legible application with all required information as required by the Division of Police.
- The application **must** be typed or printed in black ink. **All** blocks must be answered, if the block does not apply or non-applicable, then "DNA" should be entered in the block.
 - The information contained in the application will be used for the background investigation. If the application is faulty or illegible, then the investigation cannot be completed and the process will go no further and will be assigned to the inactive files and the applicant will be notified.
 - The application must be returned in person (with picture ID) by the applicant during normal business hours, 8:00am to 4:00pm, Monday through Friday at the Pataskala Division of Police, 430 South Main Street, Pataskala, Ohio, at which time any additional paper work will be completed. When submitting the application, copies of the following must also be submitted:
 - Birth Certificate
 - High School Diploma and Credits
 - DD214 (Military Service)
 - Ohio Peace Officers Training Certificate
 - Transcripts from all formal education – post high school
 - Information the applicant feels would support their position in meeting the standards.

Step 3: Oral Board

- The applicant is required to appear before the oral board, if used.
- Applicants failing to successfully pass the oral board will be removed from further processing and will be notified by the Chief of Police as to the reason for removal.

Step 4: Extensive Background Investigation

Step 5: Physical Agility Test

Step 6: Truth Verification Test

Step 7: Interview with Chief of Police

Step 8: Psychological

- Applicants will be scheduled for and must successfully pass a psychological test administered by a licensed psychologist as determined by the Division of Police.

Step 9: Police and Fire Pension Board Physical Examination

Step 10: Final

- Applicants who have successfully passed all of the proceeding requirements of this process will be notified by the chief of Police and appointed as a Police Officer, based on the staffing needs of the Division.